

## State of Louisiana

Parish of \_\_\_\_\_  
(parish where you are signing this form)

### DECLARATION OF CITIZENSHIP BY THIRD PARTY

I am a person over the age of 18.

I ☐ am ☐ am not related to \_\_\_\_\_  
(first, middle and last name of person requesting Medicaid)

I personally know that he or she is a citizen of the United States because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

#### Check ONLY One Block Below:

☐ He or she does not have and cannot get within a reasonable period, any of the following:

- U.S. Passport
- U.S. birth certificate
- Certification of Report of Birth
- Consular Report of Birth Abroad
- Certification of Birth Abroad
- U.S. Citizen Identification Card
- Final adoption decree
- Evidence of federal civil service employment prior to June 1976
- Official military record of service
- U.S. hospital or insurance record of birth
- State or Federal census record
- Institutional admission papers more than 5 years old that show the date and place of their birth
- Clinic, doctor or hospital records more than 5 years old that show the date and place of their birth
- American Indian Card
- Northern Mariana Card or
- Any other accepted documentation

because \_\_\_\_\_

\_\_\_\_\_.

☐ I don't know why he or she cannot get any records.

☐ He/She is incapacitated.

**I declare under penalty of perjury that this information is true and correct.**

Signed on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.  
(month) (day) (year)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name